

P000000016817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA address
change

01/25/16--01024--011 **35.00

FILED
16 JAN 25 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2016
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health focus Physical Therapy Inc.
Name of Corporation

DOCUMENT NUMBER: P00000016817

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allan Encarnación
Name of Contact Person
Health focus Physical Therapy Inc
Firm/Company
18473 East covington Trace
Address
FL 33498
City/State and Zip Code
AREIPT@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allan Encarnación at (954) 873-4345
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Health focus Physical Therapy Inc.
2. The principal office address: 18473 East Covington Trace.
Boca Raton FL 33498
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/11/2000 Document number: P00000016817

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

~~Wanda Fern~~ Allan Encarnacion P.T.
9775 A Boca Gardens Circle North
Boca Raton FL 33496

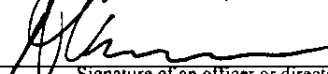
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Allan Encarnacion P.T.
18473 East Covington Trace
P.O. Box NOT acceptable
Boca Raton FL 33498

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

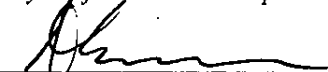
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Allan Encarnacion
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/16/2016
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)